



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

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STATE OF HAWAII
STATE ETHICS COMMISSION

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LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST

NAME(Last)	(First)	(Middle)	TELEPHONE
TAKAYAMA	LINDA	CHU	(808) 545-3060
MAILING ADDRESS (Street)			FAX
P. O. BOX 1196			(808) 545-1182
(City)	(State)	(Zip Code)	
HONOLULU	HAWAII	96807	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
MAILING ADDRESS (Street)			FAX
(City)	(State)	(Zip Code)	

PART II ORGANIZATION

HAWAII PACIFIC HEALTH	808-54535-7234 535-7206	
MAILING ADDRESS (Street)	FAX	
55 MERCHANT STREET, 27 TH FLOOR		
(City)	(State)	(Zip Code)
HONOLULU	HAWAII	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
DAVE HEYWOOD Ginny Pressler		808-535-7234 535-7206
MAILING ADDRESS (Street)		FAX
55 MERCHANT STREET, 27 TH FLOOR		
(City)	(State)	(Zip Code)
HONOLULU	HAWAII	96813

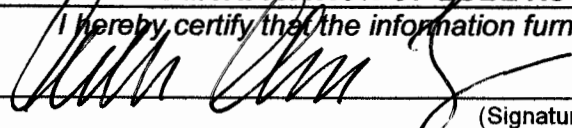
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PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

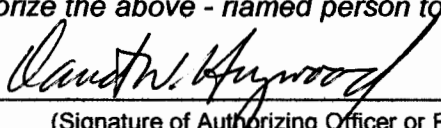
<input type="checkbox"/> Agriculture	<input type="checkbox"/> Education	<input type="checkbox"/> Human Services	<input type="checkbox"/> Science, Technology & Economic Development
<input type="checkbox"/> Communications & Public Utilities	<input type="checkbox"/> Government Operations & Finance	<input type="checkbox"/> Intergovernmental Relations, International Affairs	<input type="checkbox"/> Tourism & Recreation
<input checked="" type="checkbox"/> Consumer Protection & Commerce	<input type="checkbox"/> Hawaiian Affairs	<input type="checkbox"/> Labor & Employment	<input type="checkbox"/> Transportation
<input type="checkbox"/> Culture, Arts, Historic Preservation	<input checked="" type="checkbox"/> Health	<input type="checkbox"/> Planning, Land & Water Use Management	<input type="checkbox"/> Other: (indicate below)
<input type="checkbox"/> Ecology, Energy Environmental Protection	<input type="checkbox"/> Housing	<input type="checkbox"/> Public Safety & Corrections	

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

 (Signature of Lobbyist) 12/28/04 (Date)

PART V AUTHORIZATION TO LOBBY

NAME DAVE HEYWOOD		TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED	
NAME OF ORGANIZATION (if applicable) HAWAII PACIFIC HEALTH		TELEPHONE 808-535-7234	
MAILING ADDRESS (Street) 55 MERCHANT STREET, 27 TH FLOOR		FAX	
(City) HONOLULU	(State) HAWAII	(Zip Code) 96813	
<i>I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.</i>			
		12/28/04	
(Signature of Authorizing Officer or Person Represented)		(Date)	